

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/784792</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1		1				60						
11		1		1			61						
12				1			62						
13		3		3			63						
14		1		1			64						
15	1		1				65						
16	1		1				66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	└─┐		└─┐		└─┐		TOTAL IND.	└─┐		└─┐		└─┐	
TOTAL DEP.	└─┐		└─┐		└─┐		TOTAL DEP.	└─┐		└─┐		└─┐	
TOTAL CLAIMS	└─┐		└─┐		└─┐		TOTAL CLAIMS	└─┐		└─┐		└─┐	